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TX: 29.04.03 – SHOULD ELDERLY PEOPLE WITH ALZHEIMERS DISEASE BE TAGGED?

PRESENTER: John Waite

WAITE

Electronically tagging confused elderly people to prevent them from wandering off may sound like an extreme measure but a scheme doing just that has already been piloted in London. In the first trial of its kind anywhere in the world patients with Alzheimer's or dementia were fitted with bracelet tags, like those worn by young offenders, and which trigger an alarm if they stray out of safe areas in hospitals and nursing homes. Well already some members of the Royal College of Nursing are so concerned that electronic tagging could be used as a substitute for personal nursing care that they'll be voting at their annual conference tomorrow as to whether tags should be banned.

But Dr Frank Miskelly is the man behind the pilot scheme and he's in no doubt that it could save the lives of some Alzheimer's sufferers.

MISKELLY

About 40 per cent of them have at some time a wandering phase where they will go off wandering and forget where they are, unable to find their way home again. Not uncommonly in these circumstances people disappear, perhaps for weeks, for months and they're found three months later in a canal or in the lake having died. And the wandering phase may only last for six months or a year as part of their illness.

WAITE

And that is just a feature, is it, of having Alzheimer's, that is something about the behaviour of someone with dementia that you can't do anything about during that phase, that episode?

MISKELLY

It's quite often people with Alzheimer's are physically very fit and agile and in fact some of them are hyperactive. So it's a 24 hour a day, seven day a week job, looking after these people, preventing them getting at risk. Because of their disease they don't recognise risk, they don't realise they're getting themselves into danger.

WAITE

So these tags then, how do they work and how effective have they proved?

MISKELLY

The tags are like a wristwatch that go on your wrist and we have a central monitor which continually monitors the tag, so that if somebody goes more than a set distance, say, 20 yards, 30 yards away from the monitor then the carer or the relative will - they'll be wearing a pager and the pager will alert them that the patient has wandered outside the radius of the monitor.

WAITE

And how effective have they proved during your trials?

MISKELLY

Oh during our trials they've been 100 per cent effective, extremely effective in warning relatives that people with dementia have wandered off.

WAITE

But critics of course say this is an insult, first of all, to the dignity of old people to have a bracelet like a young offenders bracelet strapped on them and it could cause distress, have you found that?

MISKELLY

We haven't found distress. There are - at the moment it's been estimated that there are 20 methods of restraint being commonly practised in this country. Things like tying people to their beds, sedating them - chemical restraints like sedation, physical restraints like locking the doors etc., or psychological restraints such as restricting food. So there are at least 20 methods, common methods, of restraint, well we feel that this is the least restrictive method. It allows the patient to actually have more freedom than what they have using the commonly practised methods of restraint.

WAITE

Well as you know the scheme has its critics but what about those who've actually used it? The elderly patients who've worn these things and their families, what have they made of it?

MISKELLY

The relatives and the patients have been extremely impressed with the equipment. One of the big problems in this area, it's been tried before but the technology's never really been available until now, well this technology's very tried and tested in other fields and we've just moved it into a different field, it's a 100 per cent accurate in fact in our experience.

WAITE

And you would hope it was introduced nationally?

MISKELLY

I think there's a definite role for this sort of equipment because it benefits the patients, it benefits the staff and the relatives are overjoyed with the lack of stress and the lack of anxiety of continually worrying about where is the person wandering.

WAITE

Dr Frank Miskelly. Well Simon Denegri from the Alzheimer's Society is here. Do you have any problems Simon with these new tags?

DENEGRI

Well I think clearly many carers and people with dementia themselves would feel that these devices could give themselves greater peace of mind and that they do perhaps reduce their risk if they do go wandering in the street and outside of their own home. Nonetheless there are some important ethical considerations I think.

WAITE

Not least civil liberties.

DENEGRI

Civil liberties, absolutely. I think the first and the most important one is consent and the use of these devices with a person with dementia's consent and I think we often miss the point that people with

dementia are able to give their consent into quite an advanced stage of their disease. And that's the first one - consent. I think that the second major issue is more in a care home situation where these devices might be used instead of appropriate care, instead of an inappropriate environment that allows people to wander, as an excuse to reduce staffing levels for instance.

WAITE

And that would be something. What about offending the dignity of the elderly, I mean these things are used on young offenders and here we are using them on innocent elderly people?

DENEGRI

Yeah that is a concern and I think - but I also think that we shouldn't be waylaid by the typecasting of these devices, potentially do give people greater peace of mind by providing greater security and they are becoming increasingly sophisticated and I think what many carers tell us is when someone is wandering it is a concern that they are going to wander into the street and be potentially at risk to themselves and anything that can help them manage that has to be important and good.

WAITE

Well as you know some members of the Royal College of Nursing don't seem to agree with that. Linda Bailey is from the Lewisham and North Southwark branch of the RCN, hi there Linda. You indeed, Linda, are proposing this motion, that I mentioned, to your conference, the RCN conference in Harrogate, tomorrow calling for these tags to be outlawed. Now what are your concerns?

BAILEY

Well I think they do hinge on the civil liberties aspect of it, on the denial of the right of autonomy, even to people who've lost some of their intellect, everybody has the right to autonomous decision making. And our branch which is putting forward the resolution has differentiated between the kind of devices that were discussed earlier by the doctor and the devices that actually enable you to find somebody that goes missing. There was a very tragic case in London just before Christmas of a young man with learning disabilities who went missing and turned up dead in a skip. And there are devices around that would enable you to find people who had gone missing but not actually prevent them from wandering.

WAITE

That's a fine distinction.

BAILEY

It is a fine distinction but I do believe that you can draw that distinction and I'm not entirely sure what the name of the second device would be - you use GPRS technology to actually locate people if you're anxious about them.

WAITE

The satellite tracking technology.

BAILEY

But you don't actually prevent somebody from exercising their right to autonomous decision making.

WAITE

Even if it might save their life?

BAILEY

I think there are issues about - our major anxiety - talks about - our major anxiety is that nurse shortages - I mean we know there are nurse shortages, we know there are carer shortages and actually using this technology might be a substitute for that and it's a substitute, it's given - and that's

poor care and what we're very keen on is seeing adequate staffing to prevent those kinds of issues happening. We'd far rather see proper therapies, give somebody something to do, interest them, make them want to stay where they are in terms of occupational therapy, music therapy, whatever interests them and if they want to go on walks, and people are very physically fit into late stages with Alzheimer's they want to walk, if they've walked - if you've walked all your life some of your vestigial memory remains and that's what you want to carry on doing.

WAITE

But you heard there Dr Miskelly say 100 per cent success rate on this trial, all the patients and all their families extremely happy about this, if they're not worried about it Linda why should you be?

BAILEY

Well I'm into evidence base, I mean I work in public health and I'm into an evidence base and I've done an extensive literature search and there is no published research on this issue, there's very little published research on any aspect of this issue. I mean there are - there's other research about how you sort of try and divert people from wandering in terms of - funnily enough the interior decoration of a ward and all sorts of things of a home like that. But he might say 100 per cent effectiveness but I'd actually need to see the paper and I couldn't find it when I did the literature search. So yeah he's interested in it, he's got a vested interest in it because he's promoting it but I've not seen it written up in a clinically refereed journal.

WAITE

Simon Denegri would the answer here be some guidelines before these things are introduced, if they are introduced, some proper guidelines so everyone knows where they are?

DENEGRI

Well I'd actually go back a step further than that, I think we need a lot more projects like we've heard today, a lot more research into the viability of these technologies and where they're appropriate. And then I think we do need to think about guidelines because I think it's inevitable that we're going to see wider use of these sorts of technologies. Better that there be guidelines and protocols in place that protect issues like autonomy and consent as we go forward.

WAITE

Simon Denegri of the Alzheimer's Society and Linda Bailey of the RCN thank you both very much indeed.